MAXIMUS Federal Services

Case Number:	CM15-0097339		
Date Assigned:	05/26/2015	Date of Injury:	02/11/2014
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38-year-old female who sustained an industrial injury on 2/11/14. The injured worker was diagnosed as having wrist sprain/strain, elbow sprain/strain, shoulder sprain/strain, cervical disk syndrome, lumbar disk syndrome, radicular neuralgia, hand sprain/strain. Currently, the injured worker was with complaints of pain in the neck, back and right upper extremity. Previous treatments included activity modification, physical therapy, and medication management. Previous diagnostic studies included radiographic studies. The plan of care was for chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic Treatments, 6 sessions for the Right Wrist (DOS: 8/26/2014 To 10-21/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of

objective functional improvement, total of up to 18 visits over 6-8 weeks." Page(s): 58. Decision based on Non-MTUS Citation Not recommended. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm, but smaller studies have shown comparable effectiveness to other conservative therapies. Results of a single study suggest that manual therapy may have some use in the treatment of carpal tunnel syndrome. (AHRQ, 2003) (Ernst, 2003) Trials of magnet therapy, laser acupuncture, exercise or chiropractic care did not demonstrate symptom benefit when compared to placebo or control. There is limited evidence that medical care over nine weeks improves physical distress in the short-term when compared with chiropractic treatment. Limited evidence also suggests that chiropractic and medical treatment provide similar short-term improvement in mental distress, vibrometry, hand function and health-related quality of life. (O'Conner-Cochrane, 2003) See also Physical therapy. See also Manipulation under anesthesia (MUA), a different procedure. ODG Chiropractic Guidelines (If a decision is made to use this treatment despite the lack of convincing evidence). Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy9 visits over 8 weeks.

Decision rationale: The medical necessity for the requested 6 chiropractic treatments was established. The claimant sustained an injury to her right upper extremity in which she fractured her wrist. The claimant was casted for approximately 3 months followed by course of physical therapy. The claimant continued to note ongoing pain complaints and was placed on disability through 9/8/2014 because of continued right arm pain and numbness. The claimant had been complaining about the neck and back but nothing was done for the neck. When the claimant was evaluated by [redacted], she complained of right wrist/hand pain, right elbow pain, right shoulder pain, neck and upper back pain increased on the left with pain going into the right arm with numbness, tingling, burning and change of color in some swelling in the right wrist and hand, low back pain more so on the right, and stress. Objectively there was significant reduction in cervical and lumbar range of motion findings with positive orthopedic in testing the cervical spine with pain into the neck and upper back and positive orthopedic tests in the lumbar spine. Right hand grip strength was significantly decreased. Given these clinical findings, a course of therapy could be considered appropriate. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 6 treatments are consistent with this guideline. With respect to manipulation for the wrist, ODG guidelines indicates that while there is a lack of convincing evidence, 9 visits over 8 weeks, may be appropriate. The requested 6 treatments are consistent with these guidelines and are therefore, medically necessary.